

**FCC Form 481 - Carrier Annual Reporting**  
**Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	542324
<015> Study Area Name	KERMAN TELEPHONE CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	David Clark
<035> Contact Telephone Number: Number of the person identified in data line <030>	5598469311 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	dclark@sebastiancorp.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	1.258	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">542324ca510 KTC Service Quality.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">542324ca610 KTC Emergency.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 300px;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 542324

<015> Study Area Name KERNAN TELEPHONE CO

<020> Program Year 2015

<030> Contact Name - Person USAC should contact regarding this data David Clark

<035> Contact Telephone Number - Number of person identified in data line <030> 5598469311 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> dclark@sebastiancorp.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

542324ca Five year plan KTC 2014.doc

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.






**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	542324
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<015>	Study Area Name	KERMAN TELEPHONE CO
-------	-----------------	---------------------

<020> Program Year 2015

<030>	Contact Name - Person USAC should contact regarding this data	David Clark
-------	---	-------------

<035> Contact Telephone Number - Number of person identified in data line <030> 5598469311 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> dclark@sebastiancorp.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>

<a2>

<a3>

<b1>

1

100

**<b3>**



**<b4>**

<b5:

<E>

State

Exchange (ILEC)

SAC (CETC)

Rate Type

Residential Local  
Service Rate

State Subscriber Line Charge

**State Universal Service Fee**

**Mandatory Extended Area  
Service Charge**

Total per line Rates and Fees	
Line	Rate
1	1.00
2	1.00
3	1.00
4	1.00
5	1.00
6	1.00
7	1.00
8	1.00
9	1.00
10	1.00
11	1.00
12	1.00
13	1.00
14	1.00
15	1.00
16	1.00
17	1.00
18	1.00
19	1.00
20	1.00
21	1.00
22	1.00
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85	1.00
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87	1.00
88	1.00
89	1.00
90	1.00
91	1.00
92	1.00
93	1.00
94	1.00
95	1.00
96	1.00
97	1.00
98	1.00
99	1.00
100	1.00

See attached worksheet

[illegible]



<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5598469311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com
<810>	Reporting Carrier	Kerman Telephone Co (dba Sebastian)
<811>	Holding Company	Sebastian Enterprises Inc
<812>	Operating Company	Kerman Telephone Co (dba Sebastian)

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5598469311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

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July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	5598469311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐



**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com

542324cal210 KTC Lifeline.pdf

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP <http://sebastiancorp.com/residential/home-voice-and-telephone-service/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

&lt;1221&gt; Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



&lt;1222&gt; Details on the number of minutes provided as part of the plan,



&lt;1223&gt; Additional charges for toll calls, and rates for each such plan.



**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	David Clark
<035>	Contact Telephone Number - Number of person identified in data line <030>	5598469311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation

ECC Form 481

## Data Collection Form

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 542324  
 <015> Study Area Name KERNAN TELEPHONE CO  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data David Clark  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5598469311 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> dclark@sebastiancorp.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No) ☒ ☒

- (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

542324ca3017 XTC RUS Form 479 2013.pdf

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	542324
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: KERMAN TELEPHONE CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2014
Printed name of Authorized Officer: Al Baumgarner	
Title or position of Authorized Officer: Treasurer	
Telephone number of Authorized Officer: 5598464890 ext.	
Study Area Code of Reporting Carrier: 542324	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	542324
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<030> Contact Name - Person USAC should contact regarding this data	David Clark
<035> Contact Telephone Number - Number of person identified in data line <030>	5598469311 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 542324

<015>	Study Area Name	KERMAN TELEPHONE CO
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	David Clark
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<035> Contact Telephone Number - Number of person identified in data line <030> 5598469311 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> dclark@sebastiancorp.com

$\langle 220 \rangle$

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
-----	------	------	------	------	------	------	-----	-----	-----	-----	-----

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings Data Collection Form FCC Form 481  
OMB Control No. 3060-0985/OMB Control No. 3060-0819  
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[illegible]



<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dclark@sebastiancorp.com
<810>	Reporting Carrier	Kerman Telephone Co (dba Sebastian)
<811>	Holding Company	Sebastian Enterprises Inc
<812>	Operating Company	Kerman Telephone Co (dba Sebastian)

[illegible]

KERMAN TELEPHONE CO (DBA SEBASTIAN)  
2013 Annual 54.313 Report of High-Cost Recipient

54.313(a)(5) Certification

54.313(a)(5) Certification that it is complying with applicable service quality standards and consumer protection rules.

The following statements describe Kerman Telephone's compliance with the CPUC and FCC requirements for service quality standards and consumer protection.

Service Quality Standards

Kerman Telephone complies with the service standards of the CPUC General Order 133-C, Rules Governing Telecommunications Services – Service Quality, and CPUC General Order 168, Market Rules to Empower Consumers and to Prevent Fraud – Consumer Protection, and related orders of the CPUC.

Consumer Protection

Kerman Telephone complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information (CPNI) and the Federal Trade Commission Red Flags Rule to prevent identity theft. Kerman Telephone has adopted CPNI and Red Flags Rule procedures, training, recordkeeping, and supervisory reviews.

KERMAN TELEPHONE COMPANY, INC.  
2013 Annual 54.313 Report of High-Cost Recipient

54.313(a)(6) Certification

54.313(a)(6) Certification that the carrier is able to function in emergency situations as set forth in §54.202(a)(2)

The following provides information that Kerman Telephone is able to function in emergency situations as set forth in §54.202(a)(2).

Back-up Power

Kerman Telephone has a reasonable amount of fixed generator back-up power, fueled by diesel, propane, gasoline, and battery to ensure functionality without an external power source for its host switch and remote terminals. This includes stand-by portable generators available for deployment.

Ability to reroute traffic around damaged facilities

Kerman Telephone is a single exchange company and has built alternate route facilities within its exchange and between our exchange and connecting companies. These redundant facilities are in the form of Synchronous Optical Network (SONET) rings and Dense Wave Division Multiplexing (DWDM) rings.

Kerman Telephone has alternate routing capabilities to interexchange carriers and interconnected local exchange providers. They are Kerman Telephone's interconnection to the Public Switch Telephone Network (PSTN).

Capability to manage traffic spikes resulting from emergency situations

The host switching fabric is non-blocking. All of Kerman's host-remote links are engineered to a 4 to 1 concentration ratio. Kerman's transport capacity to the PSTN can handle 1,296 simultaneous calls.

Kerman Telephone takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but we will continue with our best efforts to ensure the capability of our network during such an event.



FORM 481 LINE 112 - REDACTED FOR PUBLIC INSPECTION

Kerman Telephone Co.  
Kerman, California  
U-1012C

Revised Cal. P.U.C. Sheet No. 3271-T  
Canceling Revised Cal. P.U.C. Sheet No. 3268-T

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE

APPLICABILITY

Applicable to eligible residence customers for Universal LifeLine Telephone Service (ULTS) a.k.a. California LifeLine Program or LifeLine furnished pursuant to the Moore Universal Telephone Service Act and in accordance with General Order 153. The Utility as listed throughout this Schedule is identified as the California LifeLine Service Provider in GO 153.

TERRITORY

Within the exchange areas, as said areas are defined on maps filed as part of the tariff schedules.

RATES AND CHARGES

	<u>Rate per Month</u>	
(1) Access Line Service:		
Extended Area Service:		
a. Individual access line		
1. Local Flat Rate Service	\$20.25	
2. End User common Line (EUCL) Charge	6.50	(N)
3. EAS Increment	0.63	(T)
4. Federal Lifeline Credit	9.25	(C)
5. California Specific Support Credit	<u>11.39</u>	(I)
6. California LifeLine Flat Rate Service	\$6.74	(T)
(2) Service Connection Charges:	<u>Service Charge</u>	
(See Special Conditions 5)		
a. Each New Service Order for Initial Install:		
1. New Service Order Charge	\$18.75	
2. Central Office Connection Work Charge	<u>28.00</u>	
	46.75	
3. Federal Link Up Credit	0.00	
4. California LifeLine Credit	<u>37.38</u>	
5. California LifeLine Service Connection Charge	\$9.37	

(Continued)

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 387

Date Filed June 18, 2012

Decision No. \_\_\_\_\_

William S. Barcus

Effective June 18, 2012

NAME  
President

Long

TITLE

Resolution No. \_\_\_\_\_

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

RATES AND CHARGES\* - (Continued)

Service Charge

(2) Service Connection Charges: - (Continued)  
(See Special Conditions 5)

b.	Each Subsequent New Service Order:		(N)
1.	New Service Order Charge	\$18.75	
2.	Central Office Connection Work Charge	<u>28.00</u>	
		46.75	
3.	California LifeLine Credit	<u>37.38</u>	
4.	California LifeLine Service Connection Charge	\$9.37	
c.	Each Non-Payment Reconnect Charge:		
1.	Restoral Charge	\$37.25	
2.	California LifeLine Credit	<u>27.88</u>	
3.	California LifeLine Service Connection Charge	\$9.37	(N)
d.	Each change to convert to ULTS:		(T)
1.	Change Charge	\$9.37	(N)
2.	California LifeLine Credit	<u>0.00</u>	
3.	California LifeLine Service Conversion Charge	\$9.37	(N)

\* The difference between the rates and charges in this Schedule and the regular tariffed rates and charges is recovered from the California ULTS Fund, federal Lifeline program, and/or federal Link Up program.

(Continued)

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 384

Date Filed November 1, 2011

Decision No. \_\_\_\_\_

William S. Barcus

Effective December 1, 2011

NAME

President

Resolution No. T-17321

TITLE

Long



Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

RATES AND CHARGES - (Continued)

Service Charge

(2) Service Connection Charges: - (Continued)

(D)

(D)

(Continued)

(To be inserted by the utility)

Advice Letter No. 287

Decision No. 00-10-028

Issued by

William S. Barcus

NAME

Vice President

TITLE

(To be inserted by Cal. P.U.C.)

Date Filed March 19, 2001

Effective April 3, 2001

Resolution No. \_\_\_\_\_

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE

(Continued)

RATES AND CHARGES - (Continued)

Rate or Charge

(3) Surcharges

No Charge

ULTS Rates (1) and (2) are exempt from California High Cost Fund A (CHCF-A) surcharge, California High Cost Fund B (CHCF-B) surcharge, California Advanced Services Fund (CASF) surcharge, California Teleconnect Fund (CTF) surcharge, California Relay Service Communications Device Fund (DDTP) surcharge, the California LifeLine (ULTS) surcharge, and the CPUC User Fee.

(4) FCC End User Common Line (EUCL) Charge  
(covered in federal lifeline credit)

No Charge

(T)  
(N)

(5) Toll Blocking

No Charge

(6) Deposits (see Special Conditions 7)

- a. A deposit is not required to establish or reestablish credit for basic service for ULTS customers.
- b. A deposit may be required to maintain basic service if the Utility discovers the customer no longer qualifies for ULTS.
- c. A deposit may be required for non-basic service(s).
- d. If it is determined that false information has been provided, correct information plus a deposit for non-basic service(s) will be required.

(D)  
|  
(D)

(Continued)

(To be inserted by the utility)

*Issued by*

(To be inserted by Cal. P.U.C.)

Advice Letter No. 387

Date Filed June 18, 2012

Decision No. \_\_\_\_\_

William S. Barcus

Effective June 18, 2012

NAME

President

Resolution No. \_\_\_\_\_

TITLE

Long

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE

(Continued)

SPECIAL CONDITIONS

1. Eligibility Criteria for Obtaining and Retaining ULTS:

- a. Universal LifeLine Telephone Service (ULTS) is available to all residential customers who meet the following eligibility requirements:

- (1) The residence at which the service is requested is the subscriber's principal place of residence. An applicant for ULTS may report only one address in this state as his/her principal place of residence. (T)  
(N)  
(N)

The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied entirely by a single family or individuals functioning as one domestic establishment.

The room or portion of a dwelling unit occupied exclusively by an individual not sharing equally as a member of the domestic establishment may be considered a separate residence for the application of ULTS. (T)  
(T)

- (2) The subscriber and the members of the subscriber's household collectively have one, and only one, ULTS line, except as provided for elsewhere in this schedule. (T)

- (3) No person who is claimed as a dependent on another person's income tax return shall be eligible for ULTS.

- (4) Residential customers may qualify for ULTS by meeting either the Income-Based Criteria or the Program-Based Criteria.

- (5) Income-Based Criteria:

Income-based criterion allows an applicant to enroll in ULTS if members of the applicant's household collectively earn no more than the mandated annual income limits. Total household income is defined in Rules 1. (T)  
(T)

For the current Household Income Limitations, please refer to the Pacific Bell Telephone Company's (d.b.a. AT&T California) Schedule Cal. P.U.C. No. A5, Universal LifeLine Telephone Service for the Income-Based Criterion.

Customers must also provide proof of their total household income. Acceptable income documents are: (T)

- (a) Prior year's state, federal, or tribal tax return, (T)  
(b) Current income statement for an employee or paycheck stub for three consecutive month's worth of the same type of statements within the last 12 months, (T)  
(T)

(Continued)

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 384

William S. Barcus

Date Filed November 1, 2011

Decision No.

NAME  
President

Effective December 1, 2011

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TITLE

Resolution No. T-17321



Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

SPECIAL CONDITIONS – (Continued)

1. Eligibility Criteria for Obtaining and Retaining ULTS: (Cont'd)

- a. Universal Lifeline Telephone Service (ULTS) is available to all residential customers who meet the following eligibility requirements: (Cont'd)

(5) Income-Based Criteria: (Cont'd)

Customers must also provide proof of their total household income. Acceptable income documents are: (Cont'd)

(T)

- (c) Statement of benefits from Social Security, Veterans Administration, retirement/pension, unemployment compensation, and/or workmen's compensation,
- (d) A divorce decree,
- (e) Child support document,
- (f) Other official documents.

(Continued)

(To be inserted by the utility)

Advice Letter No. 384

Decision No. \_\_\_\_\_

Long

Issued by

William S. Barcus

NAME

President

TITLE

(To be inserted by Cal. P.U.C.)

Date Filed November 1, 2011

Effective December 1, 2011

Resolution No. T-17321

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

SPECIAL CONDITIONS - (Continued)

1. Eligibility Criteria for Obtaining and Retaining ULTS: - (Cont'd)

- a. Universal Lifeline Telephone Service (ULTS) is available to all residential customers who meet the following eligibility requirements: (Cont'd)

(5) (Continued)

Borrowed money shall not be considered as income when determining eligibility for the ULTS program. Funds transferred from one account to another, such as from savings account to a checking account, shall not be considered as income when determining eligibility for the ULTS program, even if such funds are used for living expenses.

(6) Program-Based Criteria:

Program-based criterion allows an applicant to enroll in ULTS based on participation by the applicant or a member of the applicant's household in a means-tested programs approved by the Commission. Approved means-test programs are:

- (a) Medicaid or Medi-Cal,
- (b) Supplemental Security Income (SSI),
- (c) CalFresh Program formerly called Food Stamps,
- (d) Healthy Families Category A,
- (e) Tribal TANF,
- (f) Women, Infant and Children Program (WIC),
- (g) Low Income Home Energy Assistance Program (LIHEAP),
- (h) Federal Public Housing Assistance or Section 8,
- (i) Temporary Assistance for Needy Families (TANF), also known in California as:  
California Work Opportunity and Responsibility to Kids (CalWorks)  
Stanislaus Work Opportunity and Responsibility to Kids (StanWorks)  
Welfare-to-Work (WTW)  
Greater Avenues for Independence (GAIN)
- (j) National School Lunch Program (NSLP),
- (k) Bureau of Indian Affairs General Assistance,
- (l) Head Start Income Eligible (Tribal Only).

- (7) For self-employed members, the "income from self-employment" shown on IRS Form 1040, Schedule C, line 29 shall be used to determine eligibility for ULTS.

- (8) A subscriber shall be eligible to receive two ULTS lines if: (i) the subscriber meets all ULTS eligibility criteria set forth above; (ii) a member of the subscriber's household is a disabled member and has immediate and continuous access within the household to a TTY; and (iii) the TTY is issued by DDTP or a medical certificate indicating the household member's need for a TTY is submitted.

- (9) All ULTS rules and regulations that apply to the one ULTS line shall apply equally to the second ULTS line provided to a subscriber.

(Continued)

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 384

William S. Barcus

Date Filed November 1, 2011

Decision No.

NAME  
President

Effective December 1, 2011

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TITLE

Resolution No. T-17321

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

SPECIAL CONDITIONS - (Continued)

1. Eligibility Criteria for Obtaining and Retaining ULTS: - (Cont'd)

- a. Universal LifeLine Telephone Service (ULTS) is available to all residential customers who meet the following eligibility requirements: (Cont'd)

- (10) Customers that verbally certify they meet the ULTS income limits and have proof of income or participate in an approved public program will receive an Application Form in the mail from the California LifeLine Administrator for completion and submission prior to being enrolled in the ULTS program. (T)  
(T)
- (11) The completed Application Form and supporting documents, if any, must be received by the California LifeLine Administrator on or before the deadline date specified in the Application Form. (T)  
(T)
- (12) Enrollment Process:
- (a) The Utility shall send a confirmation notice to all California LifeLine applicants informing them of the arrival of Application Forms from the California LifeLine Administrator and the requirement to return the completed forms with all required documentation. The notice shall also inform them that failure to return all the required documentation by the deadline date will result in denial of LifeLine service. (T)  
(T)
- (b) Customers will incur regular tariff rates and charges until the approval of their California LifeLine Application Form process is completed. (T)  
(T)
- (c) Customers will be converted to LifeLine service upon the Utility receiving confirmation of the customer's eligibility from the California LifeLine Administrator. (T)  
(T)
- (d) Customers will receive a credit on their bill for the LifeLine discounts retroactive to their application date which will appear on their next bill. The customer may request a refund check for a net credit if the amount is over \$10.00. (T)
- (13) The Utility shall not knowingly enroll an applicant into the ULTS program who does not meet the ULTS eligibility criteria and the Utility shall not knowingly allow a subscriber to remain in the ULTS program who does not meet the ULTS eligibility criteria. (T)  
(T)
- (14) The Utility shall not link the availability of discounted phone service under the ULTS program with the sale of non-ULTS services.

(Continued)

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 384

William S. Barcus

Date Filed November 1, 2011

Decision No. \_\_\_\_\_

NAME

Effective December 1, 2011

President

Long

TITLE

Resolution No. T-17321



Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

SPECIAL CONDITIONS - (Continued)

1. Eligibility Criteria for Obtaining and Retaining ULTS: - (Cont'd)

- a. Universal LifeLine Telephone Service (ULTS) is available to all residential customers who meet the following eligibility requirements: (Cont'd)

(15) The Utility must inform the applicant that he or she may opt to receive the instructions for the Application Form in Braille (English Only) or the instructions and the Application Form in large print.

(16) A subscriber changing his/her Utility shall not be required to undergo the Application Process, provided that the subscriber initiates California LifeLine service with his/her new Utility within 30 days of disconnecting California LifeLine service with the previous Utility and the subscriber maintains eligibility in all other respects. If a subscriber changes his or her principal place of residence, while maintaining eligibility in all other respects, the subscriber shall not be required to go through the Application Process again.

(17) Pursuant to 47 C.F.R. §54.410(d) and 47 C.F.R. §54.410(f), Universal Lifeline Telephone Service (California LifeLine) Program applicants and participants must provide their date of birth and the last four digits of their social security number, or Tribal identification number, as part of the eligibility requirements for receiving the California LifeLine or enhanced Lifeline discounts.

(N)  
—  
(N)

2. Universal LifeLine Telephone Service (ULTS) is available to eligible customers subscribing to individual line service.
3. ULTS includes all the service elements defined in Rule No. 1 for Basic Service.

(Continued)

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 394

William S. Barcus

Date Filed November 13, 2012

Decision No. \_\_\_\_\_

NAME

Effective December 12, 2012

President

Resolution No. \_\_\_\_\_

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Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

SPECIAL CONDITIONS - (Continued)

4. ULTS is restricted to residence local exchange service, including all applicable extended area service. Foreign Exchange Service and other non-ULTS services are excluded from this offering.

5. Discounted Nonrecurring Charges:

a. Initial Installation

- (1) The Universal LifeLine Telephone Service (ULTS) connection charge is applicable to each eligible household residing at the same principal place of residence. (T)
- (2) The ULTS connection charge may be applicable any time a subscriber (i) establishes ULTS, (ii) re-establishes ULTS at the same residence at which ULTS was previously provided (even when the customer was disconnected for nonpayment), (iii) establishes ULTS at a new residence, or (iv) switches ULTS from one utility to another. (T)
- (3) Utilities may not impose a "central office charge" in addition to the ULTS connection charge when installing or activating California LifeLine. (T)
- (4) Installation of a second and subsequent telephone service connections shall be subject to the Utility's regular tariffed rates for these connections, except that subscribers with a disabled household member may qualify for ULTS connection charges on two residential telephone connections. (T)

b. Change Charges

The ULTS conversion charge is applicable each time a ULTS subscriber requests a change in the class (business or residential to ULTS), type (this means measured to flat rate service or vice versa, which is not applicable in our territory), or grade of service (this means going from one to two party service or vice versa, which is not applicable in our territory), including requests to change from Foreign Exchange Service. There is no limit on the number of times a ULTS subscriber may pay the ULTS conversion charge to change the class, type, or grade of service. This discounted charge excludes adding services not covered under the ULTS program. No conversion charge is assessed if a LifeLine applicant fails to qualify or if a LifeLine subscriber is removed from the LifeLine program (either voluntarily or involuntarily). (T)

(Continued)

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 384

William S. Barcus

Date Filed November 1, 2011

Decision No. \_\_\_\_\_

NAME  
President

Effective December 1, 2011

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TITLE

Resolution No. T-17321

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

SPECIAL CONDITIONS - (Continued)

6. Eligible subscribers of this service may have up to twelve months to pay the Utility for the reduced service connection charges without interest. The Utility may charge a late-payment fee when Universal LifeLine Telephone Service (ULTS) subscribers fail to timely remit some or all of the ULTS connection charge under a deferred-payment schedule. (T)
7. Deposits for establishment of service from applicants for new service, as outlined in Cal. P.U.C. Rule No. 7, will not be required of eligible ULTS recipients. The Utility may require a ULTS customer to pay any overdue ULTS rates and charges, or make payment arrangements, before ULTS is reinstated at the same address or at a new address. The Utility may apply toll restriction to a ULTS customer's line when toll charges are not paid and optional services may be discontinued. (T)

(Continued)

(To be inserted by the utility)

Advice Letter No. 384

Decision No. \_\_\_\_\_

Veng

Issued by

William S. Barcus

NAME

President

TITLE

(To be inserted by Cal. P.U.C.)

Date Filed November 1, 2011

Effective December 1, 2011

Resolution No. T-17321



Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE

(Continued)

SPECIAL CONDITIONS - (Continued)

8. Universal LifeLine Telephone Service (ULTS) shall be subject to the conditions set forth in Cal. P.U.C. Rule No. 11, Discontinuance and Restoration of Service. Unless the customer directs otherwise, a partial payment will be applied towards the local service non-recurring and recurring charges, and federal taxes associated with this service. (T)
9. Applicants who wish to re-establish ULTS service after removal from the program will be treated as a new applicant, subject to the Application Process and G.O. 153 rules, and a Service Conversion Charge as shown in Rates (2) above (once the applicant has successfully re-established ULTS service). The ULTS discount will be effective on the Application Date and will not be applied retroactively to the prior enrollment period. (T)
10. The California LifeLine Administrator will qualify new ULTS customers and verify the continued eligibility of existing ULTS customers. (T)
11. Subscribers must notify the Utility of a change in any condition which occurs that would cause the household to no longer qualify for the service or a second ULTS line. Upon receipt of notification, the Utility will change the service to regular tariffed rates for the service furnished. Service connection charges will not apply to the change in service. The three-month limitation to back bill, as set forth in Rule No. 9, is not applicable to this service. (T)

(Continued)

(To be inserted by the utility)

*Issued by*

(To be inserted by Cal. P.U.C.)

Advice Letter No. 384

William S. Barcus

Date Filed November 1, 2011

Decision No. \_\_\_\_\_

NAME

President

Effective December 1, 2011

TITLE

Resolution No. T-17321

Long

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE

(Continued)

SPECIAL CONDITIONS - (Continued)

12. Each Universal Lifeline Telephone Service (ULTS) customer is subject to the annual renewal process. (T)
13. The Utility will annually mail a notification of availability of ULTS to all its residential customers. (T)
14. In addition to the rates and conditions specified herein, all rules, regulations, charges, and rates in conjunction with the services furnished elsewhere in the tariffs are also applicable to the service provided under this schedule.
15. Optional services and equipment are not included in ULTS rates, but will be provided to ULTS customers at applicable tariffed rates and charges. Non-ULTS lines will be available to ULTS customers at the applicable regular tariffed rates and charges.
16. ULTS rates shall be applied to each monthly statement for the months this service is furnished and shall apply only for the duration of this service.
17. Definitions covered under the California LifeLine Program and words used throughout this Schedule are defined in GO153. (N)  
(N)

(Continued).

(To be inserted by the utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 384

William S. Barcus

Date Filed November 1, 2011

Decision No. \_\_\_\_\_

NAME

Effective December 1, 2011

President

Resolution No. T-17321

TITLE

Long.

Schedule No. A-29

UNIVERSAL LIFELINE TELEPHONE SERVICE  
(Continued)

SPECIAL CONDITIONS - (Continued)

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(To be inserted by the utility)

Advice Letter No. 384

Decision No. \_\_\_\_\_

1eng

*Issued by*

William S. Barcus

NAME

President

TITLE

(To be inserted by Cal. P.U.C.)

Date Filed November 1, 2011

Effective December 1, 2011

Resolution No. T-17321



FORM 481 LINE 3017 - REDACTED FOR PUBLIC INSPECTION